**Initial Speech-Language Evaluation Summary**

**Name**: Aston McKee **Evaluation Date**: August 3, 2023

**Date of Birth:** January 15, 2020

**Age:** 3 years, 6 months

**Relevant Background Information**

Aston, a 3-year, 6-month-old male was seen for an initial speech-language evaluation at Innovative Pediatric Learning Center (I.P.L.C.) of Miami on August 3, 2023. The evaluation was scheduled due to parent concern with overall communication skills.

As per information obtained from the case history, Aston was born following a full-term pregnancy via natural birth. Birth history is significant for frequent colds between 2 to 3 years of age. However, Aston’s mother reported he is in good health at this time.

Early developmental milestones were reported to be developing within normal limits, with the exception of being toilet trained. Aston’s mother reported that Aston does use a toilet, however, has difficulty with “bladder control”. In regard to language developmental milestones, Aston’s mother reported that he primarily speaks using two-to-three-word phrases and has difficulty using expanded sentences.

Aston currently attends Kid’s Club four to five days out of the week. He is exposed to English at home.

**Instrumentation**

Formal and informal measures performed during the evaluation included the following:

* Social Behavioral Observation
* Oral-Peripheral Examination
* Speech-Language Sample

All measures were performed in English. Results of all formal and informal assessments appear to be reliable.

**Outcome of Evaluation**

**Social Behavioral Observation:** Observation was used to assess behavioral components in various structured and unstructured activities throughout the evaluation. The following social behavioral observations were noted:

Speech-Language evaluation was completed at I.P.L.C. Miami. Aston entered the treatment room with his mother. Aston was eager to play with preferred items. He enjoyed activities that involved movement and was noted to sustain attention for longer during those activities. He demonstrated adequate communicative intent and awareness of others.

In addition, appropriate eye contact and joint attention were present during preferred activities. Aston enjoyed playing and engaging with the clinician during preferred activities. Additionally, he demonstrated appropriate initiation of social interactions while playing with the clinician. At times, he would extend toys to show clinician and was able to give a toy to an adult upon request (e.g., responding to “give me” when clinician asked for object/toy during play); however, this was not observed consistently. He would also ask clinician for desired toy by pointing paired with word approximations. Additionally, he was able to ask for help by grabbing clinician’s hand to show her a toy paired with a word approximation.

However, Aston displayed inconsistent eye contact, joint attention, and response to name throughout the assessment. Additionally, he demonstrated difficulty maintaining age-appropriate play with a toy. He was observed to put toys in and out of bags, lined up toys, and presented difficulty with functional play (e.g., feed baby, etc). He demonstrated difficulty following clinician’s directions and attending to adult-directed tasks. Aston became increasingly inattentive and began to get frustrated as clinician provided instruction (e.g., screaming, hitting). Additionally, he demonstrated impulsivity as evident by throwing toys and getting up to get a desired item in the middle of playing with the clinician. However, increased attention for preferred items was observed (e.g., played with cars for more than 1 minute).

It was observed that Aston had difficulty engaging in social play and preferred playing independently. Aston communicated primarily via two-to-three-word phrases paired with gestures (e.g., pointing, waving, reaching his hand out).

Once rapport was established, clinician attempted to administer formal assessment measure, The Preschool Language Scale – Fifth Edition (PLS-5). When administering the assessment, Aston became easily distracted by surroundings and demonstrated decreased attention to task. He pointed to multiple options on stimulus book and demonstrated difficulty with pointing to just one item. The clinician provided frequent repetitions, as well as verbal coaxing in order to get a single response. After various attempts of administering the formal assessment, the PLS-5 was discontinued, as the clinician determined the assessment was too lengthy and results that would be obtained would not be valid as a result of not following standardized administration procedures.

Once behaviors and attention are addressed and improve through individualized intervention, formal assessment measures are recommended to determine severity levels of Aston’s overall language skills.

**Oral Peripheral Observation:** Informal assessment of the oral speech mechanism was performed through observation to assess the adequacy of the structures and functions of the oral-motor mechanism. Cursory observation revealed:

Structure – The face was observed to be symmetrical in shape. The mandible and maxilla were in proper alignment, height, shape, and size. Dental occlusion, the palatal arch and oral/dental structures were observed to be unremarkable based on chronological age. At this time, Aston’s oral structure was observed to be adequate for speech production.

Function – The body, trunk, and facial tone were observed to be normal. All reflexes were inhibited (no observable reflexes when eating or performing verbal tasks). Phonation and breath support were adequate (1-3 seconds of sustained phonation), for single voiced, nasal and un-voiced phonemes could be produced. Labial-facial control and jaw movements were observed to be adequate. Lingual control (tongue) was also observed to be adequate.

**Speech-Language Sample:** A speech-language sample was observed in order to evaluate spontaneous speech and obtain more information about Aston’s language skills in a less structured environment. A language sample can help identify the types of language behaviors in a child’s repertoire and provides an enhanced overview of language development. The speech-language sample was collected informally through play and observed for semantic, syntactic, morphological, and pragmatic language abilities using the Preschool Language Scale Fifth Edition (PLS-5) Language Sample Checklist. The following was observed:

Aston’s language structure consisted predominantly of two-to-three word utterances paired with gestures. He had difficulty using expanded utterances and sentences.

Aston’s language content consisted of some word approximations to request and label objects. He had difficulty using words denoting place, possession, recurrence, and time.

Social language use consisted of inconsistently using words to direct attention to something, greetings, naming objects, asking for help, and inconsistently answering when talked to. Aston demonstrated difficulty answering when spoken to using age-appropriate utterances and using expanded utterances.

At this time, a formal articulation assessment was not administered due to decreased attention. Aston’s intelligibility in connected speech was judged to be poor. At times he used approximations, as well as jargon to communicate. It was difficult to understand Aston most of the time without relying on context clues and/or gestures. By the age of 3, Aston’s intelligibility at the conversational level should be 75% for an unfamiliar listener.

**Impressions**

Based on the results of formal and informal assessment as well as parent interview and clinical observation, Aston, a 3-year, 6-month-old male presents with an overall receptive, expressive, and pragmatic language delay.

Social behavior observation revealed Aston was eager to play with preferred items. He enjoyed activities that involved movement and was noted to sustain attention for preferred activities. He demonstrated adequate communicative intent and awareness of others. However, inconsistent eye contact, joint attention, and response to name were observed. He also demonstrated difficulty maintaining age-appropriate play with a toy. Additionally, he displayed difficulty attending to adult-directed tasks and following clinician’s instructions. Aston was observed to be impulsive and became easily frustrated. Throughout the course of formal and informal assessment measures, Aston demonstrated difficulty successfully focusing on relevant auditory input and linguistic stimuli in order to process it. After various attempts of administering the PLS-5, it was discontinued, as the clinician determined the assessment was too lengthy and results that would be obtained would not be valid secondary to not following standardized administration procedures. Once behaviors and attention improve, formal assessment measures should be administered to determine severity levels of Aston’s overall language skills.

Cursory observation of the oral speech mechanism revealed that the face was observed to be symmetrical in shape. No gross structural asymmetries or abnormalities were noted at this time. Aston’s oral structure was observed to be adequate for speech production.

Speech-language sample revealed Aston’s spontaneous speech consisted of 2–3-word phrases. He used some word approximations to request and label objects. However, Aston demonstrated difficulty using expanded utterances and using words denoting place, possession, recurrence, and time. He was observed to display difficulty answering when spoken to. Overall, Aston was observed to communicate primarily by using word approximations and phrases paired with gestures. Additionally, Aston’s intelligibility was judged to be poor.

At this time, Aston would not benefit from intervention that solely focuses on formal language goals secondary to behaviors and decreased attention skills required to properly participate in an effective intervention plan. At this time, language intervention should be addressed informally and should begin working on language more formally once behaviors have decreased, functional language skills have established, and Aston’s ability to focus on relevant auditory input and linguistic stimuli in order to process it has improved.

It is important to note that all components of attention have a role in language acquisition. A language learner must focus on relevant linguistic input, discounting irrelevant input. He must sustain focus in order to take in complete input for processing. When the source of language input shifts, the language learner must also shift his or her attention to avoid missing relevant input. Finally, he must attend to processing the information in order to make it available for future use.

Finally, longer term impressions about Aston’s development potential based on these observations cannot be made at this time. The results of the informal assessment should be interpreted in terms of relative strengths and weaknesses so that they be addressed through intervention. Future assessments may yield different results. The formal assessment results may be higher or lower due to a variety of intervening factors.

Based on the results from this evaluation, Aston’s age, family support and adherence to recommendations that follow, prognosis for improved communication skills is favorable.

**Recommendations**

Based on the information obtained through the assessment tools and parent, the

following recommendations are made:

1. Individual speech-language therapy 3-4 times a week for 30 minutes to improve overall receptive, expressive, and pragmatic language skills.
2. Goals should be reviewed and updated monthly and a re-evaluation is recommended in 6 months to evaluate progress.
3. Implement at home activities focusing on goals targeted in therapy.
4. Occupational Therapy evaluation
5. Behavioral Therapy evaluation
6. Structured activities for a minimum of two times a week (e.g., karate, soccer, etc).
7. Formal assessment to determine severity levels, once behaviors and attention improve

It has been a pleasure meeting and working with Aston and his family. If you have any questions and/or concerns feel free to contact me directly via telephone at (786) 622-2353 or via email at [info@iplcmiami.com](mailto:info@iplcmiami.com).

Sincerely,

Sophia Fernandez, M.S., CCC-SLP

Lead Speech-Language Pathologist